

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-02-3648.M4

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service (DOS) 07/23/01, 08/02/01 and 09/27/01?
- b. The request was received on 01/14/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC-60 and Letter Requesting Dispute Resolution dated 01/10/02
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC-60 and Response to a Request for Dispute Resolution 05/30/02
 - b. HCFAs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 05/17/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 05/20/02. The insurance carrier's final documentation was received in the Division on 06/03/02. Based on 133.307 (i) the insurance carrier's documentation is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: per letter dated 01/10/02
The provider has not received reimbursement per the Medical Fee Guideline (MFG).
2. Respondent: per letter dated 05/30/02
The carrier has reimbursed all charges per the Medical Fee Guideline (MFG).

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only DOS eligible for review are 07/23/01, 08/02/01 and 09/27/01.
2. The carrier's EOBs have the denials:
G – A CHARGE WAS MADE FOR A VISIT ON THE SAME DAY AS A SURGICAL PROCEDURE, OR WITHIN 60 DAY FOLLOW-UP PERIOD OF A PREVIOUSLY PERFORMED SURGERY.
F(1) – THIS MULTIPLE PROCEDURE WAS REDUCED 50% ACCORDING TO FEE SCHEDULE OR USUAL AND CUSTOMARY GUIDELINES.
F(2) – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
07/23/01	99222	\$116.00	\$0.00	G		Global Service Data for Orthopaedic Surgery (GSDOS), 1994; MFG, SGR (I)(D)(1)(a), CPT descriptor	The GSDOS does not indicate that this procedure is global to other procedures billed on the DOS in dispute. This procedure has the highest MAR value and per referenced SGR is the primary procedure and is reimbursed at 100% of MAR. Therefore, reimbursement of \$2,023.00 is recommended.
07/23/01	11044	\$405.00	\$202.50	F(1)		Global Service Data for Orthopaedic Surgery (GSDOS), 1994; MFG, SGR (I)(D)(1)(b)(i-iv), CPT descriptor	The GSDOS does not indicate that this procedure is global to other procedures billed on the DOS in dispute. Per referenced SGR this is a secondary procedure and is reimbursed at 50% of MAR. Therefore, reimbursement of \$768.50 is recommended.
08/02/01	A4590	\$120.00	\$84.69	F(2)		Global Service Data for Orthopaedic Surgery (GSDOS), 1994; MFG, SGR (I)(D)(1)(b)(i-iv), CPT descriptor	This CPT code is not listed as in dispute, but has not been reimbursed correctly. Per referenced SGR this is a secondary procedure and should be reimbursed at 50% of MAR. The carrier has reimbursed \$1,700.00, but the amount of reimbursement due is \$784.00. Therefore, carrier is due an offset of \$916.00 (\$1,700.00 paid - \$784.00 due).
09/27/01	73110	\$60.00	\$36.00	F(2)			
09/27/01	73560	\$42.00	\$27.00	F(2)			
Totals		\$743.00	\$350.19				The Requestor is entitled to additional reimbursement in the amount of \$1,875.50.

The above Findings and Decision are hereby issued this 20th day of May 2002.

Larry Beckham
 Medical Dispute Resolution Officer
 Medical Review Division

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,875.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 20th day of May, 2002.

Carolyn Ollar, RN, BA
Medical Dispute Resolution Supervisor
Medical Review Division

CO/lb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.